

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011916

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 319 Primary Registration District No. Registrar's No. 20

| | | | | | | | |
|---|----------------------------------|--|--|---|---|---|-------|
| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEAUVILLE</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>ST. MARK'S</u> 0950 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARK'S S. ROUTE</u> | | | | Length of stay in lb <u>LIFE</u> | | d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN GEORGE BUEHLER</u> | | | | 4. DATE OF DEATH Month Day Year <u>APRIL 2 1959</u> | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAY 14 1872</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE CO. MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>HERMAN BUEHLER</u> | | 13b. MOTHER'S MAIDEN NAME <u>AMELIA ROTH</u> | | 14. NAME OF HUSBAND OR WIFE <u>CATHERINE ANN ROTH</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Joseph Buehler Sr. 1001 1/2 Star Route</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arterio sclerotic Heart disease</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Generalized arterio sclerosis</u> | | | | indefinite | |
| | | DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① Pernicious anemia</u> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4260</u> | | | | | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>Feb. 1959</u> to <u>April 5/59</u> and last saw him alive on <u>April 5, 1959</u> . Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Joseph F. Littlejohn M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>ST. MARK'S MO.</u> | | 22c. DATE SIGNED <u>4/3/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>4/6/59</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING</u> | | 23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO.</u> | |
| 24. FUNERAL DIRECTOR <u>Leslie Sachs Inc. Ste. Genevieve Mo.</u> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>April 5, 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Amelia Barber</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 15 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.